CHAMPVA POLICY MANUAL

CHAPTER: 2
SECTION: 4.2
TITLE: AUTOMATIC IMPLANTABLE CARDIOVERTER - DEFIBRILLATOR (AICD)

AUTHORITY: 38 CFR 17.272(a)

RELATED AUTHORITY: 32 CFR 199.4(c)(2) and (c)(3)

I. EFFECTIVE DATE

January 24, 1986

II. PROCEDURE CODE(S)

A. CPT codes: 33200-33220, 33224-33235, 33240-33241, 33246-33249, 92960-92961, and 93640-93642

B. HCPCS codes: C1721-C1722 and C1882

III. DESCRIPTION

The AICD is an electronic device that is implanted in patients identified as being at high risk for cardiac death due to ventricular arrhythmias. It is designed to monitor the heartbeat, recognize ventricular tachycardia or ventricular fibrillation, and deliver an electric shock to terminate the life-threatening arrhythmia. Two forms of the device exist (AICD-B, AICD-BR). The Food and Drug Administration (FDA) have approved both forms.

IV. POLICY

Insertion of the automatic implantable cardioverter-defibrillator may be cost shared.

V. POLICY CONSIDERATIONS

A. Payment can be made for medically necessary services and supplies related to the implantation of the AICD or for the device for the following patients.

1. Patients who have survived cardiac arrest due to unstable ventricular tachyrhythmia not associated with myocardial infarction, and in whom a sustained monomorphic ventricular tachycardia cannot be induced in the electrophysics laboratory.

2. Patients without previous cardiac arrest, experiencing recurrent ventricular tachyrhythmias not associated with myocardial infarction.

3. Patients in which ventricular tachycardia or fibrillation is unresponsive to conventional arrhythmic drug therapy or surgical therapy (except for those patients who are considered an unsuitable candidate for surgery).

4. Patients without other disease that would limit survival to less than six months.

B. All patients should have undergone a complete cardiologic evaluation and thorough electrophysiologic evaluation, which includes electrophysiological testing, prior to insertion of an AICD.

C. Repairs, adjustments, accessories necessary for the effective functioning of the device, and removal and replacement of the covered device, as well as associated surgical costs, may be cost shared without redevelopment for the above criteria.

VI. EXCLUSIONS

Implantable cardioverter defibrillators for patients at high risk for sudden death from ventricular tachyarrhythmia who have not experienced a related life-threatening event.

END OF POLICY